

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/559150

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	2					
4						
5	1					
6	/					
7	/					
8	/					
9	2					
10	2					
11	2					
12	/					
13	/					
14	/					
15	2					
16	2					
17	/					
18	/					
19	/					
20	/					
21	/					
22	/					
23	/					
24	/					
25	/					
26	/					
27	2					
28	2					
29	2					
30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	3					
50	2					
TOTAL IND.			↓		↓	↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			2			
52			3			
53			3			
54			1			
55						
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97						
98						
99						
100						
TOTAL IND.			15		↓	↓
TOTAL DEP.	←		55	←	←	←
TOTAL CLAIMS			70			